Georgia State Board of Long-Term Care Facility Administrators
237 Coliseum Drive, Macon, Georgia 31217
Phone: 404-424-9966 www.sos.ga.gov/plb/nursinghome

AFFIDAVIT OF EXPERIENCE

FORM A

- Please type or print legibly
- Complete a form for each employer in order to meet the required experience for your application
- Applicant completes Part I
- Owner/Administrator of the nursing facility or the employer/superior in the chain of command at the home office that operates the licensed nursing facility and/or hospital completes Part II

PART I – APPLICANT

Applicant's Name_____

Name of business or corporation that owns facility

_____

Name of facility_____

Address of facility_____
Street **City** **State** **Zip**

Phone number of facility_____ **Position held**_____

Dates employed - From:_____ **To:** _____
Month/Year **Month/Year**

Description of Responsibilities:

_____
_____
_____
_____
_____
_____
_____

Affidavit

I, the above Applicant, attest that the above information is a true and accurate representation of experience obtained in a nursing facility or home office that operates licensed nursing facilities or hospitals.

_____ _____
Date Signature of Applicant

PART II – OWNER/ADMINISTRATOR/EMPLOYER/SUPERIOR

Instructions

- Please review the applicant's description of experience.
- Please submit comments/additional information that will assist the Board in its decision.

Comments_____

_____

_____

_____

_____

_____

I, the undersigned ___Owner/Administrator of the nursing facility or ___Employer or Superior in the chain of command at the home office that operates licensed nursing facilities and/or hospitals, attest that the description provided by the Applicant of the experience obtained in a nursing facility, home office of a business or corporation that operates licensed nursing facilities or hospitals, is true and accurate, and I further acknowledge that I may be required to furnish additional information promptly for this application to be processed.

_____ _____

Date **Signature of Nursing Home Administrator/Employer**

Subscribed and sworn to before me this

_____day of_____20_____

_____

Notary Public

My Commission Expires_____

Notary Seal